

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100274949

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     | 370    | OR | TOTAL     | 7      |

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  | 208          |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 8 minus 20=  | * -          |
| INDEPENDENT CLAIMS  | 2 minus 3=   | * -          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDI-TIONAL FEE | OR | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 9=           |                 | OR | X\$18=           |                 |
| X42=             |                 | OR | X84=             |                 |
| +140=            |                 | OR | +280=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE |                 |

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

(Column 1) (Column 2) (Column 3)

| RATE             | ADDI-TIONAL FEE | OR | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 9=           |                 | OR | X\$18=           |                 |
| X42=             |                 | OR | X84=             |                 |
| +140=            |                 | OR | +280=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE |                 |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

(Column 1) (Column 2) (Column 3)

| RATE             | ADDI-TIONAL FEE | OR | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 9=           |                 | OR | X\$18=           |                 |
| X42=             |                 | OR | X84=             |                 |
| +140=            |                 | OR | +280=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE |                 |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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